

COSELEY URBAN DISTRICT COUNCIL.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

(*W. M. CLENDINNEN, M.B., Ch.B., M.R.C.S., L.R.C.P.*)

TO THE

SANITARY AND EDUCATION AUTHORITY

ON THE

Health of the District

AND THE

Medical Inspection of School Children

FOR THE YEAR

1909.

*PRINTED BY ORDER OF THE SANITARY AND
EDUCATION AUTHORITY.*

DUDLEY :

Herald Press, Priory Street,



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COSELEY URBAN DISTRICT COUNCIL.

Annual Report OF THE MEDICAL OFFICER OF HEALTH, FOR 1909.

To the Chairman and Members of the Coseley Urban District Council.

GENTLEMEN,—

I have the honour of submitting my Fifteenth Annual Report.

The District has Sedgley for its boundary on the West, the County Borough of Dudley on the South, Wolverhampton and Bilston on the North, and Tipton on the East. Its general altitude is high, being about 730 feet at the highest point adjoining Sedgley, and, falling towards the East, as low as 470 feet above sea level.

The natural drainage is by three or four small streams flowing eastwards into tributaries of the Tame.

The subsoil is mostly heavy clay, and the subsoil water is in some parts exceedingly near the surface.

The area of the District is 3,973 acres, and the population, which has not altered much during the last 40 years, is 22,218, according to the last census, giving an average of 5.6 persons per acre.

The population, which consists chiefly of colliers and ironworkers is, however, by no means evenly distributed, but is concentrated at several points, forming nine hamlets, the intervening portions of the District being more rural as regards density of population.

Subsidences of the surface are frequent, and the ground is much honeycombed and fissured owing to mining operations.

VITAL STATISTICS.

The number of births registered during the year was 740, comprising 370 males, and 370 females, a decrease of 17, as compared with 1908.

Taking the population at 22,250, this gives an annual birth-rate of 33.25 per thousand.

The deaths registered were 358, comprising 172 males and 186 females, being an increase of 40, as compared with last year, and giving a death-rate of 16.08 per thousand per annum, or adding 33 deaths of residents occurring outside the district (of which 20 were males and 13 females), 17.57 per thousand per annum.

TABLE I.

URBAN DISTRICT OF COSELEY.

Vital Statistics of whole district during 1909 and previous years.

YEAR I	Population estimated to middle of each Year 2	Births		Deaths under One Year of Age		Total Deaths at all Ages		Total Deaths in Public Institutions in the District 9	Deaths of Non-Residents registered in Public Institutions in the District 10	Deaths of Residents registered in Public Institutions beyond the District 11	Nett Deaths at all Ages belong- ing to the District	
		Number 3	Rate * 4	Number 5	Rate per 1,000 Births registered 6	Number 7	Rate * 8				Number 12	Rate * 13
1899	22,000	821	37.3	152	185	415	18.9	..	..	..	..	..
1900	22,000	777	35.3	136	175	453	20.6	..	-	16	469	21.3
1901	22,218	791	35.6	135	170	404	18.8	..	..	14	418	18.3
1902	22,218	807	36.3	134	166	369	16.6	..	..	18	387	17.4
1903	22,250	809	36.3	109	134	394	17.7	..	..	15	409	18.4
1904	22,250	754	33.8	126	167	361	16.2	..	..	13	374	16.8
1905	22,250	813	36.5	102	125	359	16.13	..	..	22	381	17.0
1906	22,250	773	34.7	97	125	336	15.1	..	..	22	358	16.0
1907	22,250	749	33.8	116	152	367	16.4	..	..	26	393	17.6
1908	22,250	757	34.02	92	120	318	14.29	..	..	22	340	15.28
Averages for years 1899-1908		22,188	35.2	119	151	377	17	..	..	18	392	17.5
1909	22,250	740	33.25	85	115	358	16.08	..	..	33	391	17.57

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Total population at all ages	22,218	At Census of 1901
Number of inhabited houses	...	...	...	4,655
Average number of persons per house	...	...	...	4.77
Area of District, in Acres (exclusive of area covered by water)	...	...	...	3,973

TABLE SHOWING DEATHS AND DEATH-RATE EACH MONTH OCCURRING IN THE DISTRICT.

Month	Deaths	Rate	Month	Deaths	Rate
January (4 weeks)	37	21.6	July (4 weeks)	29	16.9
February (4 weeks)	23	13.4	August (4 weeks)	20	11.6
March (5 weeks)	38	17.7	September (5 weeks)	35	16.4
April (4 weeks)	23	13.4	October (4 weeks)	26	15.1
May (4 weeks)	24	14.0	November (4 weeks)	25	14.6
June (5 weeks)	35	16.4	December (5 weeks)	43	19.4

ZYMOTIC DISEASES.

The following table gives the deaths and death-rate from these diseases during the past five years. There were 51 deaths in 1909, representing a zymotic death-rate of 2.29 per thousand.

Year	Smallpox	Measles	Scarlet Fever	Diphtheria and Membranous Croup	Whooping Cough	Enteric Fever	Diarrhoea	Erysipelas	Puerperal Fever	Totals	Rate per 1,000
1909	0	15	0	1	13	1	15	0	2	51	2.29
1908	0	17	4	3	4	1	22	2	0	53	2.38
1907	0	15	2	2	10	3	11	2	0	45	2.02
1906	0	0	7	3	8	6	17	0	1	42	1.88
1905	0	19	7	1	7	4	10	2	1	51	2.29

INFANTILE MORTALITY.

The following table shows the mortality amongst children under one year, and the population per thousand births registered for the previous five years :—

Year		Deaths under One Year	Mortality per 1,000 Births
1908	...	92	120
1907	...	116	152
1906	...	97	125
1905	...	102	125
1904	...	126	167

Average number of deaths for years 1904-1908, 106.

Average death-rate per thousand births, 138

In 1909 there were 85 deaths under one year of age, and a mortality of 115 per thousand births registered.

The birth-rate is lower than the average for the past ten years.

TABLE II.

COSELEY URBAN DISTRICT.

Vital Statistics of separate Localities in 1909 and previous years.

Names of Locali- ties	COSLEY	PROPER	BRIERY	ERTINGSHALL	WOODSETTON	4	5	6	7	1 Year		2 Years		3 Years		4 Years		5 Years		6 Years		7 Years	
										Population esti- mated to middle of each Year	Deaths under 1 Year												
1899	6,988	...	151	54	6,276	...	124	50	6,391	..	100	36	2,244	..	40	12
1900	6,988	..	165	40	6,276	...	136	52	6,391	..	134	37	2,244	..	34	7	..	..	..	..	..	..
1901	6,822	281	150	45	5,891	256	113	49	7,318	187	109	29	2,187	67	46	12	..	..	..	..	..	..
1902	6,822	250	115	39	5,891	255	139	52	7,318	232	99	33	2,187	70	34	10	..	..	..	..	..	..
1903	6,822	222	127	31	5,891	232	118	32	7,318	290	122	37	2,187	65	42	9	..	..	..	..	..	..
1904	6,822	224	128	49	5,891	234	107	37	7,318	234	108	32	2,187	62	31	8	..	..	..	..	..	..
1905	6,822	263	138	30	5,891	262	90	32	7,318	214	102	28	2,187	78	42	12	..	..	..	..	..	..
1906	6,822	237	88	21	5,891	222	117	39	7,318	243	116	32	2,187	71	37	5	..	..	..	..	..	..
1907	6,822	201	103	28	5,891	243	131	43	7,318	240	130	36	2,187	70	29	9	..	..	..	..	..	..
1908	6,822	243	109	29	5,891	221	87	30	7,318	230	105	25	2,187	63	39	8	..	..	..	..	..	..
Avg's		Yrs		1899 to		240		116		41		..		233		112		32		..		68	
Avg's		Yrs		1899 to		230		104		32		..		239		124		22		..		59	
Avg's		Yrs		1899 to		212		130		25		..		239		124		22		..		59	

The death-rate is higher than last year, when it was exceptionally low, and more closely corresponds to the average for the past ten years. As compared with last year, there is an increase in the number of deaths between the ages of one and five years, chiefly owing to Measles and Whooping Cough. There is an increase in the deaths of aged persons from diseases incidental to advanced life, especially Cancer. The deaths from Diarrhoea are fewer, probably due to the wet season, with less dust and flies, and the infantile mortality is still happily lower, in fact the lowest that I have ever recorded. Of the deaths amongst infants, 31 were due to Premature Births, Injury at Birth, Debility, or Congenital Defect. Of the remainder, no doubt fully 50 per cent. may be looked upon as distinctly preventable and arising from want of care and improper clothing and feeding. The Notification of Births Act, 1907, is designed, by obtaining an earlier intimation of births than at present, to enable Sanitary Authorities to lessen these preventable deaths by the work of Health Visitors, who would advise as to the care of the children. It may be possible for your Council to do something in this direction in connection with the amelioration of defects amongst school children when grants from the Imperial Treasury are available for these purposes.

I regret that the Registrar-General has advised the Registrar that he should discontinue distributing the cards of instructions as to baby feeding.

I consider that the teaching of the elementary rules of health, including infant feeding, should be carried out in every school.

MEASLES.

This disease, not being included in the list of diseases to be notified under the Infectious Diseases (Notification) Act, it is often difficult to obtain a satisfactory account of an outbreak.

The disease was prevalent during 1908, and 17 deaths resulted. During the present year there were 15 fatal cases, all, as usual, being in children under five years of age.

These deaths occurred in July, August, September and October, and were no doubt largely contributed to by lack of care on the part of the parents. The majority of the cases receive no medical attention until severe Bronchitis or Broncho-Pneumonia has set in, owing to too early exposure of the child. It cannot be too often insisted upon that Measles becomes a highly dangerous disease if the sufferer is not well nursed, that it is not safe to allow the patient to be exposed to the weather for a week or more after the disappearance of the rash, and that very few cases need end fatally if proper precautions are observed.

TABLE III.
URBAN DISTRICT OF COSELEY.
Cases of Infectious Disease notified during the Year 1909.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT						TOTAL CASES NOTIFIED IN EACH LOCALITY					
	At all Ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards	COSSELEY	BRETHFORD	ETTINGSHAW	WOODSEY	SEFTON
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	7	...	3	3	2	1	...	4	...	3	...	...
Erysipelas	26	1	3	5	2	15	...	6	5	10	5	...
Scarlet Fever	43	9	32	1	1	19	...	5	5	15	4	...
Typhus Fever	...	...	...	1	3	4	2	...	...	3	1	...
Enteric Fever	...	10	...	...	...	...	1	...	...	...	...	...
Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	...	...	...	...	...	1	2	...	...	...	...	...
Puerperal Fever	...	3	...	...	...	1	1	...	2	1	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	5	...	...	...	1	1	3	...	3	1	1	...
Paupers	...	...	...	...	...	...	...	...	...	...	...	...
Totals	94	1	16	44	9	24	...	35	17	32	10	...

Isolation Hospital, *none*.

The danger of the disease is much increased by stuffy and ill-ventilated rooms, and over-crowded houses have the largest number of fatal cases. The system of notification by the teacher of absent children, which is now carried out, is of great service, and should be continued. Children coming from homes in which Measles exists are admitted to school if they have previously suffered from the disease.

An outbreak of Measles amongst the children attending Lanesfield School in April, was reported to me by the Head Master, but after visiting the schools and the homes of some of the children, I did not consider it necessary to recommend closure of any portion of the school, as there was evidence pointing to the conclusion that the cases were Rothelan or German Measles.

SCARLET FEVER.

In the first quarter of the year 15 cases were reported, 5 in the second, 10 in the third, and 13 in the last.

19 cases occurred in Coseley proper, 5 in Brierley, 15 in Ettingshall, and 4 in Woodsetton.

No deaths occurred.

On receipt of notification, the house is visited, and a record made of the number of rooms and general sanitary conditions of the premises, the number of inmates and their occupation, the Day and Sunday Schools attended, and particulars taken of the sources of the water and milk supply.

The notifications are communicated to the School Authorities on the day of receipt, and by their regulations all children from infected houses are excluded from school for a period of eight weeks.

On my recommendation, printed, stamped postcards have been supplied, on which the Medical Attendant can notify when an infected house is ready for disinfection. The Inspector uses a Mackenzie Spray for disinfection, but thorough disinfection, in the majority of cases, is impracticable without a steam disinfecter.

I hope that a Hospital for isolation of these cases, properly equipped with a disinfecter, will soon be available.

WHOOPING COUGH.

This disease caused 13 deaths, all under five years of age, as against 4 in 1908. The disease was generally prevalent during the last nine months of the year.

SMALLPOX.

This disease has been entirely absent from the district throughout the year. The number of unvaccinated children in this district is on the increase, and the ratepayers will sooner or later suffer in pocket as the result of an outbreak of Smallpox, not to mention the penalty which will be exacted in loss of life and suffering, for the neglect of the protection which science has placed at the disposal of the community.

DIPHTHERIA AND MEMBRANOUS CROUP.

Only 7 cases were notified, and only 1 ended fatally.

PUERPERAL FEVER.

3 cases were notified, and 2 proved fatal. One had been attended by a Certified Midwife. The Officer of the Local Supervising Authority investigated the circumstances.

The other 2 cases were attended by women of the class which will, it is hoped, soon entirely disappear, as neither of them is fit for the work.

PHTHISIS.

Under the regulations which came into force at the beginning of the year 5 cases of Phthisis, occurring amongst Paupers, were notified; they were 3 males and 2 females. 2 of the males were far advanced in the disease when reported, and they died during the year. The houses were disinfected, and in 1 case the bedding destroyed. The remaining male case was in an early stage. After a good deal of delay he was sent to a Sanatorium, and is now home again and free from symptoms. One of the female patients, a married woman, was offered, but declined Sanatorium treatment. All the cases were supplied with spittoons, paper handkerchiefs, and disinfectants, and advised as to the best means of avoiding the spread of infection. It is very desirable to obtain voluntary notification of non-pauper cases, and your Council would do well to invite the medical practitioners to report such in return for a small fee. Tuberculosis is an infectious disease, and the large majority of deaths from the pulmonary form occur during the working years of life, and not in infancy as in the case of the acute infectious diseases, and yet while large sums of public money are quite properly spent on the latter, up to the present very little has been devoted to the prevention of Tuberculosis.

If Pulmonary Tuberculosis were abolished the expectation of life of young adults would be increased, and great financial gain to the nation would result. In Germany this is recognised and acted upon, the German Insurance Companies, who insure workpeople against sickness, finding it to their financial gain to provide for Sanatorium treatment.

A report is under consideration by the South Staffordshire Joint Smallpox Hospital Board as to the use of the building as a Sanatorium, it being splendidly equipped and easily rendered fit for the purpose, and having up to the present never been occupied. Of course the patients would have to be sent out immediately if an outbreak of Smallpox occurred, but as these outbreaks are very infrequent, and as there are a large number of cases of Phthisis in this district, for which no institutional treatment is available, the scheme should be carefully considered. It is anticipated that £1 10s. per week would be required in respect of each patient, and that the average stay would be six weeks, it being intended more as an attempt to educate as many patients as possible to

take care of themselves, than to attempt to treat much smaller numbers for much longer periods. There were 19 deaths from Phthisis, all of 15 years and upwards, and 21 deaths from other forms of Tuberculosis, 18 of which were under five years of age.

One of the cases of Pulmonary Tuberculosis which was notified was a man in an advanced stage of the disease, and the history of the case, which illustrates several points in relation to social and economic causes contributing to the disease, and the difficulties of dealing with same, is as follows:—He was a miner, twenty-nine years of age, single, living with his parents in a house without through ventilation, consisting of one room downstairs and one upstairs, unequally divided for sleeping accommodation into two parts by a wooden partition. He had occupied this house for eleven weeks at the time of his death. Rent 2s. 3d. a week. He and his parents had previously lived at 35 Chapel Street; rent, 2s. 5d. a week. This house was damp, with bad light and ventilation, and had been under notice from your Inspector. The patient had been ill and out of work for many months. He is also supposed to have been addicted to heavy drinking.

The cheapest and most efficient method of dealing with Adult Consumptives would be to detect them earlier and to remove them entirely from such surroundings, place them in a Sanatorium, and keep them there till cured.

ENTERIC FEVER.

There is no single disease the absence or prevalence of which is regarded as a surer criterion of the condition in respect to sanitation of a district than is Typhoid Fever.

Some years ago, when many polluted wells were in use, a greater incidence of the disease was noted in this district, but these have now been abolished and the water supply is pure and good. The disease has consequently diminished in prevalence, and this year only 10 cases were reported, as against 18 cases in 1908.

The condition of the premises in these cases was as follows:—

68 Field Street: The house required cleansing and the closet was imperfectly ventilated.

6 Arthur Street: The closet required repair.

8 Pool Street: Defective closet, yard paving, and drains.

South Street: No nuisance.

Brierley Lane: No nuisance.

Ash Street: Spouting, ashpit, and surface drains defective. This case was imported from another district.

22 Stoke Street: No nuisance.

2 School Street, Parkfield Road: No nuisance, but the closet cesspit should be covered with iron frame and lid.

TABLE IV.
URBAN DISTRICT OF COSELEY.
TOTAL DEATHS—Causes of, and Ages at, Death during

Erysipelas	...	...	...	7	10	2	4	3	10	2
Phthisis (Pul'ary Tuber'sis)	19									
Other Tubercular diseases	21	9	9	2	1		8	4	7	2
Cancer, Malignant disease	18				6	12	9	4	3	2
Bronchitis	...	38	6	5	1	10	16	7	11	7
Pneumonia	...	28	8	6	3	7	4	11	10	5
Pleurisy	...	...								2
Other diseases of Respiratory organs	...									
Alcoholism										
Cirrhosis of Liver }	...	8		1						
Venereal diseases	...									
Premature birth...	...	11	11							
Diseases and accidents of parturition	...									
Heart diseases	...	23					15	8	11	7
Accidents	...	9	1	2	1	1	2	2	4	1
Suicides	...	2					2	2		
Septic diseases	...									
All other causes	...	156	34	6	3	4	34	75	48	33
All causes	..	391	85	56	8	16	100	126	130	104
										14
										33

Institutions outside the District receiving sick and infirm persons from the District
 Dudley Union Workhouse.
 { Wolverhampton General Hospital.
 Dudley Guest Hospital.

3 Allen's Row: This property had recently been repaired.

10 Evan Street: A new closet was required at a further distance from the house than the old one.

These nuisances have since been remedied. As noted 1 case was reported from another district, which reduces our cases to 9, and I have strong reason to believe that 3 at least of these were not Enteric Fever. None of them were verified by bacteriological examination as far as I know.

The deaths registered were 5, which is an unusually large proportion to cases notified. The figures are, however, too small to lay stress upon. At the same time many more lives are damaged or lost through this disease than should be, in fact it is a preventable disease. Isolation and good nursing should be provided for these cases. The deaths during the past 5 years have been 19, giving an average of 3.8 per year, equal to a rate of 0.17 per 1,000 per annum. Immediately on receipt of notification the closet is ordered to be emptied and disinfectants supplied, together with a galvanized iron receptacle with lid for the reception of the evacuations.

None of the cases seemed to have any connection with each other.

DIARRHŒA.

15 deaths resulted from Diarrhœa, as against 22 last year. 11 deaths were in infants.

It cannot be too often or too strongly pointed out that this is a preventable disease, arising chiefly from the contamination of food (especially milk) by germ-containing dust and dirt. The food is thus polluted, and if the temperature is one favourable to the development of the micro organisms they rapidly multiply in it.

Flies no doubt often act as carriers of the poison to the food, and as flies breed in horse manure and such like refuse the weekly removal of all such accumulations from the neighbourhood of dwellings, especially in the summer months, is very necessary.

Further, every house should be provided with a cool, well-lighted and well-ventilated pantry for the storage of food, and all milk should be kept covered.

In many of the houses in this district, if there is any pantry at all, it will be found to be a dark recess under the stairs and adjoining the warm kitchen, and likely enough ventilated by an opening in close proximity to a refuse heap outside.

All yards and entries should be paved and the surface rendered impervious. Attempts should be made to lessen road dust, and in dry weather street watering should be carried out, especially in the neighbourhood of shops. Nuisances arising from surface drainage in Ivy House Lane and other places require attention. Your Council received

a report from a deputation which you appointed to investigate the various nuisances which I drew attention to on the properties at Parkfield last year. These have not yet been remedied, as the sewerage works which were recommended have not yet been carried out. This is an urgent matter and should have early attention.

HOUSING OF THE WORKING CLASSES.

During the year, apart from enquiries made regarding infectious diseases, I have inspected and reported on various properties, amongst others Caddick Street, Hollywell Street, Walter Street, Wood Street, Parkfield Road, and Broad Lanes in Ettingshall, Hallgreen Street, Hilly Road, Ash Street, Cross Street, Queen Street, Victoria Street, and Parkes Lane in Brierley, David Street and Regent Street in Woodsetton, Havacre Lane, Biddings Lane, Darkhouse Lane, Mamble Square, Walbrook Street, and Meadow Lane in Coseley proper.

37 houses were dealt with under the Housing of the Working Classes Acts, with the following results:—22 houses were demolished, 8 houses repaired, 2 houses converted into stables, 1 closed voluntarily, 3 are void, and 1 remains undealt with. One house remaining to be dealt with from 1908, and also 4 of the 11 which I reported for 1908 as requiring demolition, have been demolished. Altogether 1351 houses have been inspected during the year, necessitating many notices for structural defects, foul conditions, and overcrowding.

The following improvements have resulted: 18 houses re-roofed, 61 roofs repaired, 158 houses limewashed, 40 new closets erected, 73 closets repaired, 42 surface drains re-laid, 33 new pipe drains provided, 43 yards and entries paved, 55 wash-houses repaired, 69 glazed sinks provided in lieu of brick cills, and 9 cases of overcrowding abated.

69 houses have been provided with spouting.

64 new sash windows provided.

16 windows repaired and made to open.

88 quarry floors re-laid.

12 new stairs provided.

8 new bedroom floors provided.

40 dangerous chimneys taken down and re-built.

8 dangerous and insanitary outbuildings demolished.

Your Sanitary Inspector deserves the greatest credit for these results, and both he and I are sensible that without the support which your Council has given us we would have been unable to achieve them.

It will therefore be seen that all that can be done by moderate measures to improve the dwellings of the workers is being done, and I feel sure that the time is not far distant when, considering the large number of defects which are constantly cropping up in the old properties, the fresh and increased work required in many other directions, owing

COSELEY URBAN DISTRICT.

Infantile Mortality during the Year 1909.

TABLE V.

CAUSE OF DEATH	Un'r W'e'k	1—2 W'ks	2—3 W'ks	3—4 W'ks	Total under 1 month	1—2 M'hs	2—3 M'hs	3—4 M'hs	4—5 M'hs	5—6 M'hs	6—7 M'hs	7—8 M'hs	8—9 M'hs	9—10 M'hs	10—11 M'hs	11—12 M'hs	Total Deaths under one year
All Causes	Certified ... Uncertified ...	.. 1	...	...													84 1
Influenza	...																
Small-pox	...																
Common Infectious Diseases	Measles ...																
Chicken-pox	...																
Scarlet Fever	...																
Diphtheria: Croup	...																
Whooping Cough	...																
Diarrhoea	...																
Diarrhoeal Diseases	Enteritis, Muco-Enteritis, Gastro-Enteritis Gastritis, Gastro-Intestinal Catarrh ...																
Wasting Diseases	Premature Birth Congenital Defects Injury at Birth Want of Breast-milk	9 6 ...	1 1 1	1 1 1	1 1 1	3 1 1	1 1 1	2 1 1	1 1 1	1 1 1	1 1 1	11 7 1	1 1 1	1 1 1	1 1 1	11 7 1	

TABLE V.—*Continued.*

Tubercu- lous Diseases	Tuberculous Meningitis		1
	Tuberculous Periton- itis: Tabes Mesen- terica ...	2	
Other Tuberculous Diseases	...	1	6
Erysipelas	...	1	1
Syphilis	...	1	2
Rickets	...	1	1
Meningitis (<i>not Tuberculous</i>)	...	1	1
Convulsions	...	4	9
Bronchitis	...	1	1
Laryngitis	...	2	6
Pneumonia	...	1	1
Suffocation, overlying	1	1	1
Other Causes	...	2	2
	22	3	85
	3	2	5
	30	6	4
	6	4	3
	12	6	3
	4	5	1
	1	6	4
			5
			85

Population estimated to middle of 1909:—22,250. Deaths from all Causes at all Ages:—391.

Births in the year of Legitimate, 708.
Illegitimate, 32.

Deaths in the year of Legitimate Infants, 77.
Illegitimate Infants, 8.

TABLE VI.

Summary of Sanitary Work done in the Nuisance Inspector's Department during the year 1909 in Urban District of Coseley.

		Number of	Abatement Notices		Nuisances abated after Notice by	
			Inspections and Observations made	Defects found	Informal by Inspector	Formal by Authority
Dwelling-houses & Schools	Foul Conditions ...	1351	1301	129	98	1666*
	Structural Defects ...					
	Overcrowding ...	9	9	9	...	9
	Unfit for Habitation ...	37	37	22	15	22 14
	Lodging-houses ...	...	...	...	...	...
	Dairies, Milkshops, and Cowsheds ...	16	8	8	...	8
	Bakehouses ...	13	6	6	...	6
	Slaughter-houses, Meat, and Fish Shops...	60	7	7	...	7
	Canal Boats ...	264	38	27	...	25
	Ashpits and Privies ...	113	113	73	40	73 40
	Deposits of refuse and Manure ...	...	2	2	...	2
	Water Closets ...	1	1	1	...	1
House Drainage	Defective Traps ...	2	2	2	...	2
	No Disconnection ...	...	...	...	...	...
	Other faults ...	33	33	21	12	21 12
	Water supply (to provide the public supply ...	47	47	38	9	38 9
	Pigsties ...	7	2	2	...	2
	Animals improperly kept	5	5	5	...	5
	Offensive Trades ...	...	...	...	...	...
	Smoke Nuisances ...	1	...	...	...	...
	Other Nuisances ...	4	4	...	...	...
	TOTALS ...	1965	1615	352	174	1976

* 84 Notices outstanding from 1908 complied with.

Unwholesome food	Number of seizures ...	...	...	...	...	1
	Condemned by Magistrate ...	...	...	...	...	1
	Prosecutions for exposing for sale ...	...	...	...	...	1
	Convictions ...	...	...	...	...	1*
Food and Drugs Act	Samples taken for Analysis ...	...	...	...	...	...
	Number found adulterated, &c. ...	...	...	...	...	...
	Proceedings taken ...	...	...	...	...	...
	Number of Convictions ...	...	...	...	...	...
	Samples of Water taken for Analysis ...	...	...	...	...	1
	" condemned as unfit for use	...	...	...	...	1

* 2 months imprisonment.

Precautions against Infectious Disease.

Lots of Infected Bedding Disinfected or Destroyed	...	...	...	...	1
Houses Disinfected after Infectious Disease	...	...	...	...	27
Schools	...	...	...	...	6
Prosecutions for not notifying Existence of Infectious Disease	...	...	...	...	...
Convictions	...	...	...	...	...
Prosecutions for Exposure of Infected Persons or things	...	...	...	...	...
Convictions	"	"	"	...	...

(Signed) DAVID PRICE,

INSPECTOR OF NUISANCES.

to fresh legislation, and the greater attention given to public health matters, your Council will consider it wise and necessary to provide office assistance, and so leave the Inspector unhampered by clerical work, as he is at present. This is surely reasonable in a district of this area and population.

NEW BUILDINGS.

44 houses were erected during the year. Plans for the conversion of a dwelling house and outbuildings at Princes End into 3 dwelling houses were disapproved by your Council. Notwithstanding, the owner carried out the alterations, but your Council have warned him that they cannot consent to the occupation of the buildings as dwelling houses.

WATER SUPPLY.

The district is supplied by the South Staffordshire Waterworks Co. and also by the Wolverhampton Corporation Waterworks and the Bilston Urban Council Waterworks. All these waters are satisfactory for domestic purposes and have very little plumbo solvent action. 47 houses, apart from new houses, were connected with the public supply during the year, and the water service of 14 other houses was improved during the year.

One sample of pump water was analysed and found sewage polluted. The public supply has since been provided.

EXCREMENT AND REFUSE DISPOSAL.

This is carried out by the Council's own workmen, under a superintendent. As I pointed out last year more frequent removal is desirable, and I am therefore pleased to record that your Council have decided to make a substantial increase in the staff, and to reduce as much as possible the evils incidental to the privy system.

SLAUGHTER HOUSES.

There are 17 licensed slaughter houses on the register. Your Council refused to renew the licenses of 2 old and dilapidated slaughter houses during the year. These have been demolished and 2 new ones erected. They are periodically inspected, and are generally found to be kept fairly clean, a reminder of the necessity of limewashing being necessary in several instances, however.

The structure of some yet leave much to be desired. These will have to be dealt with.

Visits are frequently made at the time of slaughtering or as soon as possible after, and the carcases and viscera examined. No tubercular carcases were discovered.

TABLE VII.

Factories, Workshops, Laundries, Workplaces and Homework.

1.—INSPECTION.

Including Inspections made by Sanitary Inspector or Inspector of Nuisances.

PREMISES	Number of		
	Inspections	Written Notices	Prosecutions
FACTORIES	13	2	...
(including Factory Laundries)			
WORKSHOPS	26	4	...
(including Workshop Laundries)			
WORKPLACES	8	1	...
(other than Outworkers' premises included in Part 3 of this Report)			
TOTAL ...	47	7	...

2.—DEFECTS FOUND.

PARTICULARS	Number of Defects			No. of Prosecutions
	Found	Remedied	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts:—</i>				
Want of Cleanliness	3	3	...	...
Want of Ventilation ... ... ..	...	...	...	...
Overcrowding ... ... ..	...	...	...	...
Want of drainage of floors ... ..	...	...	...	...
Other nuisances ... ... ..	...	...	...	...
Sanitary accommodation	insufficient	...	...	...
	unsuitable or defective	...	...	...
	not separate for sexes ..	...	...	...
<i>Offences under the Factory and Workshop Act:—</i>				
Illegal occupation of underground bakehouse (s. 101) ... ... ..	...	...	...	...
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	4	4	...	...
Other offences ... ... ..	...	...	...	...
(excluding offences relating to outwork which are included in Part 3 of this Report)				
TOTAL ...	7	7	...	...

TABLE VII.—*Continued.*

3.—HOME WORK.

OUTWORKERS' LISTS, SECTION 107										OUTWORK IN UNWHOLE-SOME PREMISES, SECTION 108										OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110													
NATURE OF WORK		Lists received from Employers		Numbers of Addresses of Out-workers received from other Contractors		Numbers of Addresses of Out-workers forwarded to other Councils		Prosecutions		Number of Inspections of Out-workers' premises		Prosecutions		Instances served		Prosecutions		Instances served		Prosecutions		Orders made (S. 110)											
Sending twice in the year		Sending once in the year		Outworkers		Outworkers		Failing to keep or permit inspection of lists.		Failing to send lists		In- instances		Notices served		In- instances		Notices served		In- instances		Notices served											
Lists	Outworkers	Lists	Outworkers	Lists	Contractors	Lists	Workmen	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)							
Wearing Apparel— (1) making, &c.	2	1	80	1	1	3	89	17	80							
TOTAL	...	2	1	80	1	1	3	89	17	80								
4.—REGISTERED WORKSHOPS.																				5.—OTHER MATTERS.													
Workshops on the Register (s. 131) at the end of the year										Number		Class		No.																			
										(1)		(1)		(2)		(1)		(2)															
Bakehouses	17	Matters Notified to H.M. Inspector of Factories:—																															
Tailoring	12	Failure to affix Abstract of the Factory and Workshop Act (s. 133)...																															
Boots and Shoes	14	Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)																															
Joinery, &c	22	Reports (of action taken) sent to H.M. Inspector...																															
File Cutters	2																																
Tin and Iron Workers	16																																
Connected with Mining	28																																
Miscellaneous	24																																
Underground Bakeries (s. 101):—																																	
Certificates granted during the year	...	...																													
In use at the end of the year	...	...																													
TOTAL	...	135																															

MEAT AND FOOD INSPECTION.

There are about 41 meat shops, 18 fried fish shops, and in addition about 30 hawkers of fish and rabbits trade in the district.

Many visits were paid to these, and in the majority of cases nothing unsatisfactory was discovered. The occupiers of 3 meat shops had to be cautioned about the dirty condition of their shops.

On 21st April, 34 unsound "hake" exposed for sale were seized from a hawker's cart, and proceedings under Sec. 117 Public Health Act, 1875, resulted in the imprisonment of the vendor for two months.

Three other hawkers were warned about the quality of their fish.

DAIRIES, COWSHEDS AND MILKSHOPS.

There are 20 owners occupying 28 cowsheds, and there are 15 milk shops in the district. Eight notices for structural defects, water supply, removal of manure, and limewashing were required, and have been complied with, so that gradual improvements have been effected.

The problem of a pure milk supply is not yet solved, as the County Medical Officer says in his report for 1908: "Milk, which should be the cleanest article of food, is probably the dirtiest."

Clean methods in its production and storage are quite the exception.

In view of the great danger to children of tuberculous milk, I beg to recommend that your Council authorise bacteriological examination of milk as may be deemed advisable.

PUBLIC HEALTH ACTS AMENDMENT ACT, 1907.

This is adoptive in whole or in parts, and I would be glad if your Council would consider the adoption of portions of it, as there are many valuable powers contained in it.

ALCOHOLISM.

I recommend that handbills be circulated bringing to the notice of parents the penalty they may incur under the Children's Act for giving alcohol to children. It is a common practice, and a death occurred during the year from cirrhosis of the liver in a child under five from beer drinking.

FACTORIES AND WORKSHOPS.

There are 47 factories and 135 workshops, including 17 bakehouses. These have been inspected by the Inspector and myself.

Section 22, Public Health Acts Amendment Act, 1890, is in force. One closet for each 25 persons employed was required, with separate accommodation for the sexes.

There are no underground Bakehouses, nor any with sleeping accommodation in close proximity thereto.

There are no Laundries.

No failure to affix the Abstract of the Act, under Section 133, was discovered.

HOME WORK.

2 tailoring firms in the district give out work, and home work is given out by 12 firms outside. There are 169 outworkers and their homes have been inspected during the year. No case of infectious disease was discovered on outworkers' premises.

I am, Gentlemen,

Yours faithfully,

W. M. CLENDINNEN,

Coseley,

Medical Officer of Health.

February 1st, 1910.



COSELEY EDUCATION AUTHORITY.

ANNUAL REPORT

OF THE

SUPERVISOR OF MEDICAL INSPECTION OF
PUBLIC ELEMENTARY SCHOOL CHILDREN

(*W. M. CLENDINNEN, M.B., Ch.B., M.R.C.S., L.R.C.P.*)

FOR THE YEAR

1909.

*PRINTED BY ORDER OF THE EDUCATION
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COSELEY EDUCATION AUTHORITY.

Annual Report

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SUPERVISOR OF MEDICAL INSPECTION OF
PUBLIC ELEMENTARY SCHOOL CHILDREN
(*W. M. CLENDINNEN, M.B., Ch.B., M.R.C.S., L.R.C.P.*)

FOR THE YEAR 1909.

To the Chairman and Members of the Coseley Education Committee.

LADIES AND GENTLEMEN,

I beg to present my Second Annual Report as Supervisor of your system of Medical Inspection of School Children.

STAFF.

W. M. Clendinnen, School Medical Officer, and also Medical Officer of Health.

Thomas Johnson, Inspecting Medical Officer.

The Committee direct that the duty of the School Medical Officer is to supervise the work generally, to visit the Schools and report on the condition of the School Premises, to prepare the Annual and other Reports, and to perform the functions specifically assigned to him by the Code of 1908.

The duty of the Inspecting Medical Officer is to examine those children required by the Code to be inspected, and to record the results in a book provided for the purpose. Your School Medical Officer suggested that the children should be selected for examination on an age basis, but the Committee decided for the present to make the selection as directed by the Board of Education., viz., those entering and those leaving school during the year. It was therefore left in the hands of the Inspecting Medical Officer to arrange with the Teachers for this to be done, and he visits the different departments after consultation with the Head Teacher. It appears that some of the children have left without being

examined, and your School Medical Officer now requests that the Teachers should be notified by the Secretary, or otherwise, that this should be obviated by informing the Inspecting Medical Officer, well in advance, of children due to leave school. It appears that the matter is not so simple as it might be owing to some children leaving at 13 years of age on the production of labour certificates.

There are 8 Schools, 5 Council and 3 Voluntary, accommodating 4189 children.

The Poor Rate is 4s. 8d., including 1s. 8½d. Education Expenses.

1. ASSISTANCE RENDERED BY HEAD TEACHERS.

The head teachers fill in questions Nos. I to VI., inclusive, on the Board's Schedule of Medical Inspection, which has been followed, and also give assistance with the mothers in preparing the children for examination. On the suggestion of the School Medical Officer they also fill in, in pencil, for the information of the Inspecting Medical Officer, their opinion as to the mental condition.

2. INVITATION TO PARENTS.

The parents are invited to attend the inspections. They do not now attend so well as they did last year. Your Inspecting Medical Officer finds that generally speaking the children of parents who attend are cleaner than those who do not. He has no doubt that as a rule the children have had special attention as to dress and cleanliness as a result of his visit being notified.

He has paid 54 visits to schools and departments during the year, and examined 803 children, mostly "entrants" and "leavers," 418 boys, and 385 girls, in addition to some others who were examined owing to a misapprehension of the instructions of the Committee.

247 boys were examined on entering.

154 boys were examined on leaving.

223 girls were examined on entering.

157 girls were examined on leaving.

There are no special rooms in which to perform the examinations, and the school arrangements for the purpose were the same as last year.

About 15 or 16 leavers can be examined in an afternoon. A few more entrants can be managed in the same time owing to the absence of vision test. The policy of your Committee has been as a commencement to undertake no more work than is laid down as essential by the Board of Education, and consequently no re-examinations or special examinations have taken place. It is, therefore, impossible to give any figures as to the number of cases which have been treated for defects as a result of the examinations.

ARRANGEMENT OF REPORT.

This Report is arranged on somewhat different lines to that of last year. The plan has been to enumerate the results as regards each important item on the schedule in sectional tables, classified for each school, and for the age at the time of examination, the sexes being separately distinguished.

CLOTHING AND FOOTGEAR.

These entries are made by the teachers on their knowledge of the usual conditions of the children, and the standard is by no means high.

Some children, especially in summer, are too heavily clothed, but no cases have been noted on the schedule.

Other faults are insufficient clothing, disrepair, or filthiness. As clothing and footwear are bracketed in one space on the schedule it is difficult to know how to apportion the adjectives which are filled in to describe it. Your School Medical Officer suggests more space being provided in future.

Your School Medical Officer is of opinion that the proportion of cases with bad footgear is much higher than is shown in these tables.

CLOTHING AND FOOTGEAR (First Table).

CLOTHING AND FOOTGEAR (First Table)—Continued.

CLOTHING AND FOOTGEAR (First Table)—Continued.

Girls

WEIGHING AND MEASURING.

The schools are supplied with dial weighing machines. Your School Medical Officer considers that it would be wise to submit the weighing machines and measuring standards to the Inspector of Weights and Measures.

The children are weighed in their ordinary clothes, except boots, which are removed.

The weight (average) at certain ages of the general population of Great Britain is given as follows by the Anthropometric Committee:—

Males.		Average Weight—Pounds.
Age last birthday.		
5		39.9
12		76.7
Females.		
5		39.2
12		76.4

The corresponding figures for Coseley are :—

Males.		Average Weight—Pounds.
Age last birthday.		
5		37.5
12		71.2
Females.		
5		36.7
12		71.2

These figures are based upon 105 males and 93 females of these ages who were weighed during the year.

The figures regarding stature are as follows:—

Anthropometric Committee—

Males.		41.03 inches.
5	12	
Females.		54.99 "
5		40.55 "
12		55.66 "

The Coseley figures are :—

Males.		39 "
5	12	
Females.		54 "
5		39.5 "
12		55 "

These figures are based on the same number of children as the weights. All the children inspected were weighed and measured, but it has been thought sufficient to work out the sexes at these two ages in order to indicate the comparison between this district and the country generally as regards the stature and weight of the children.

The details regarding each school are given in the following table. The figures are given in both English and Metric system

1 inch = 2.54 centimetres.
1 lb. = .4535 kilogrammes.

HEIGHTS AND WEIGHTS.

ENTRANTS, 5-6.

LEAVERS, 12-13.

Boys

SCHOOL	No. examined	AVERAGE HEIGHT		AVERAGE WEIGHT		AVERAGE HEIGHT		AVERAGE WEIGHT							
		Feet	Ins.	Centi-meters	Lb.	Oz.	Kilograms	Feet	Ins.	Centi-meters	Lb.	Oz.	Kilograms		
MOUNT PLEASANT	6	3	2	96.52	37	2	16.84	12	4	6	137.16	69	4	31.4	
HURST HILL	8	3	5	104.14	39	9	17.95	18	4	7	139.7	73	6	33.27	
LANESFIELD	23	3	5	104.14	40	8	18.37	6	4	5	134.62	68	12	31.17	
BROAD LANES	12	3	3	96.06	37	9	17.04	21	4	6	137.16	73	5	33.24	
CHRIST CHURCH	16	3	3	100.33	37	13	17.15	26	4	5½	135.89	69	9	31.54	
DAISY BANK	23	3	3	100.33	34	6	15.59	20	4	5	134.62	64	5	29.17	
ST. MARY'S	13	3	3	96.06	36	7	16.52	4	4	8½	143.51	78	14	35.77	
WEST COSELEY	4	3	2	96.52	37	0	16.78	10	4	7	139.7	72	8	32.88	
TOTAL	...	105	3	3	96.06	37	8	17.0	117	4	6	137.16	71	2	32.26

Girls

MOUNT PLEASANT	8	3	1½	95.25	34	4	15.53	19	4	6½	138.43	69	12	31.62	
HURST HILL	22	3	3½	100.33	36	0	16.32	20	4	8	142.24	73	5	33.24	
LANESFIELD	11	3	4½	102.87	43	15	19.92	8	4	4½	133.35	71	0	32.20	
BROAD LANES	8	3	3	96.06	36	15	16.74	16	4	5½	135.89	63	2	28.63	
CHRIST CHURCH	11	3	3	96.06	37	10	17.06	24	4	7	139.7	74	0	33.55	
DAISY BANK	22	3	3	96.06	32	9	14.76	18	4	6	137.16	66	12	30.27	
ST. MARY'S	5	3	5	104.14	38	3	17.32	13	4	8½	143.51	75	11	34.33	
WEST COSELEY	6	3	5½	105.41	35	0	15.87	11	4	10	147.32	75	8	34.25	
TOTAL	...	93	3	3½	100.33	36	13	16.69	129	4	7	139.7	71	2	32.26

NUTRITION.

This is a difficult thing to assess, and is now done by the Inspecting Medical Officer, and not by the teachers, as suggested at first by the Board. By perfect Nutrition is meant a state of body in which the various parts and functions are working in harmony, with an even balance between in-take and out-put, and where the whole organism maintains a high degree of well-being and efficiency.

There are several cases of Anæmia tabulated in which Nutrition is marked as "normal." This has been done under a misapprehension as to the meaning which the Board assign to the term Nutrition, and your Medical Officers are now agreed that the intention of the Board will be carried out by classifying anæmic children as of sub-normal Nutrition.

In future reports your School Medical Officer hopes to be able to give more precise information as to the data on which classification is made.

TABLE 3.—NUTRITION.

CHRIST CHURCH.

BROAD LANES.

JANESIEI D.

FIRST HILL

MOINT PLEASANT.

BOYS

Gins

TABLE 3.—NUTRITION—(Continued).

CLEANLINESS.

This is treated as Cleanliness of body, and Cleanliness of head. The figures in the table show much the same percentages as last year, so that evidently no marked improvement has taken place. Your Medical Inspector states that he has not been able to adopt a high standard up to the present. For instance, he would not describe a girl's head with only a few "nits" as verminous.

The conditions are, therefore, very unsatisfactory, and effectual remedy will not be possible without stringent measures. It is in this respect that the conditions of the homes are of such importance. It is useless to expect a child to be clean who comes from a dirty, over-crowded, and ill-kept home. At the same time, a verminous head does not by any means always imply carelessness on the part of the parents. Many neatly dressed and be-ribboned girls will be found to have "nits." They get contaminated by sitting near others with swarming heads. One louse deposits in a short time 50 "nits" or eggs, and these would soon hatch out, but if the decent mother attends to her child's hair once or twice a week the vermin are kept under but not stamped out.

It is, therefore, the persistently neglected child whose head is permanently unclean, and a continuous source of invasion to others near it, which requires dealing with in the first place.

Your School Medical Officer has advised the issue of cards with instructions for cleansing heads, and these have been issued by the Committee to the head teachers. I quote the following from the Annual Report of the Chief Medical Officer to the Board of Education:

"No Local Authority should rest content until all reasonable and available measures have been taken to insure, both for the sake of the child concerned and of its fellows, that every child attends school in a clean condition, and so long as children remain in school with verminous heads it should be remembered, as in the case of lack of cleanliness of the body generally, that the child has failed to learn, or rather one must say to have been taught, the important elementary lesson of self-respect."

Your Committee will probably, therefore, agree with your Medical Officers that the time has now arrived when the worst cases should be excluded from school until cleansed, and if this fails prosecutions should follow. As some misapprehension exists as to the powers of Education Authorities to have children examined, and as the fear has been expressed that stringent measures might lead to the withdrawal of children from examination, it may be useful to here quote section 122 Children Act, 1908, which deals with this matter:—

"A Local Education Authority may direct their Medical Officer, or any person provided with, and, if required, exhibiting the authority in

writing of their Medical Officer, to examine in any public elementary school provided or maintained by the Authority, the person and clothing of any child attending the school, and, if on examination the Medical Officer, or any such authorised person as aforesaid, is of opinion that the person or clothing of any such child is infected with vermin, or is in foul or filthy condition, the Local Education Authority may give notice in writing to the parent or guardian of, or other person liable to maintain the child, requiring him to cleanse properly the person and clothing of the child within 24 hours after the receipt of the notice."

If the parent does not obey the notice the Education Authority can have the child cleansed, and if it is allowed to relapse the parent is liable to prosecution and fine.

TABLE 4.—CLEANLINESS.

MOUNT PLEASANT.

Boys

Gins

TABLE 4.—CLEANLINESS—(Continued.)

LANESFIELD.

BROAD LANES.

Boys.

Aged	HEAD.		BODY.		HEAD.		BODY.	
	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number
3—4	1	25	1	25	1	25	1	25
4—5	23	4	1	25	1	25	1	25
5—6	5	4	1	25	1	25	1	25
6—7	9	4	1	50	2	50	1	50
7—8	10	2	1	50	1	50	1	50
8—9	11	1	1	50	1	50	1	50
9—10	12	4	1	50	2	50	1	50
10—11	13	6	1	50	1	50	1	50
11—12	14	2	1	50	1	50	1	50
12—13	14	2	1	50	1	50	1	50
13—14	14	2	1	50	1	50	1	50

Girls

Aged	HEAD.		BODY.		HEAD.		BODY.	
	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number
3—4	2	18.18	2	18.18	1	100	1	100
4—5	11	3	1	100	1	100	1	100
5—6	7	3	1	100	1	100	1	100
6—7	9	2	1	100	1	100	1	100
7—8	10	1	1	100	1	100	1	100
8—9	11	2	1	100	1	100	1	100
9—10	12	8	4	50	1	50	1	50
10—11	13	2	1	50	1	50	1	50
11—12	13	8	4	50	1	50	1	50
12—13	14	2	1	50	1	50	1	50
13—14	14	2	1	50	1	50	1	50

TABLE 4.—CLEANLINESS—(Continued).

CHRIST CHURCH.

Boys

Aged	HEAD.		BODY.		HEAD.		BODY.		HEAD.		BODY.		
	Number	Inspected	Percentage	Ringworm	Percentage	Number	Inspected	Percentage	Number	Inspected	Percentage	Number	Inspected
3-4	5	1	20										
4-5	6	1	66.66										
5-6	16	1	6.25										
6-7	3												
7-8	4	1	25										
8-9													
9-10													
10-11													
11-12													
12-13	26	8											
13-14													

DAISY BANK.

Girls.

Aged	HEAD.		BODY.		HEAD.		BODY.		HEAD.		BODY.		
	Number	Inspected	Percentage	Ringworm	Percentage	Number	Inspected	Percentage	Number	Inspected	Percentage	Number	Inspected
3-4	5	12	8.33										
4-5	11	3	27.27										
5-6	3	1	33.33										
6-7	6	1	16.66										
7-8	2	1	50										
8-9													
9-10													
10-11													
11-12													
12-13	24	16	66.66										
13-14	4	3	75										

TABLE 4.—CLEANLINESS—(Continued).

ST. MARY'S.

WEST COSELEY.

Boys

Aged	HEAD.		BODY.		HEAD.	BODY.	
	Percentage	Number Inspected	Percentage	Number Inspected		Percentage	Number Inspected
3—4	9	13	25	40	11	3	2
4—5	13	1	40	6	3	1	1
5—6	1		6		7	3	2
6—7			7		7	1	1
7—8			8		6	16	66
8—9			9		9	42	85
9—10			10		10	14·28	
10—11			11		11	16	66
11—12			12		12	1	4
12—13			13		13	36·36	
13—14			14		14		

Girls

3—4	2	2	40	23	11	4	36·36
4—5	5	1	40	23	11	4	36·36
5—6	7	8	40	23	11	4	36·36
6—7	8	9	40	23	11	4	36·36
7—8	9	10	40	23	11	4	36·36
8—9	10	11	40	23	11	4	36·36
9—10	11	12	40	23	11	4	36·36
10—11	12	13	40	23	11	4	36·36
11—12	13	14	40	23	11	4	36·36
12—13	14	15	40	23	11	4	36·36
13—14	15	16	40	23	11	4	36·36

TABLE 4.—CLEANLINESS—(Continued.)

CONDITION OF THE TEETH

In the accompanying table the children have been classified into those with sound teeth, and those with four or more carious. The number which remains to make up to the total examined are to be taken as having less than four decayed teeth. In considering these figures it is necessary to remember that the examinations are taken as quickly as possible, often in a poor light and without a dental mirror or probe. The use of these would reduce considerably the number returned as sound dentures. Further, the mouth is often found to be overcrowded with teeth which are irregular, or teeth may be missing, or covered with tartar, without any actual decay being present at the time of inspection.

The more teeth are crowded together the more are they liable to disease. The prevalence of this crowding is associated with what Professor Cunningham described as a "slow process of shortening of the jaws in the white races of Europe."

By some it is considered that this is an instance of cause and effect, but both conditions are explicable by the assumption that both the teeth and the jaw are undergoing these changes owing to the vast difference of the work they are called upon to perform in the civilised state as compared with primitive times. In other words the jaws would be bigger and the teeth sounder if coarser food was eaten in place of soft, sloppy, and otherwise unsuitable food which is often given to children. It is a mistake to think that a child should not be allowed to use its teeth. If the food is tough, coarse meat and hard-baked bread, it will develop the teeth and the jaws, and cleanse the mouth as well. It is a mistake to suppose that sugar is harmful. It is the continual sucking of sweets which is harmful, because an acid forms in the mouth and attacks the tooth enamel. Sugar taken, and the mouth washed out, no harm results. Starchy foods do more harm in this way than sugar.

Once the enamel is destroyed, caries is inevitable, and once a hole has been produced, however tiny, nature has no means of cure. It is bound to progress to the ultimate destruction of the tooth if nothing is done. On the other hand, if the cavity is filled by a dentist, there is no need for any further decay to happen at that point. Therefore, all these children require the services of the dentist, who, if he gets the child at about eight years of age, by judicious removals where there is overcrowding or irregularity, and by filling decayed teeth, can start the child with a fair mouth.

Decayed teeth lead to imperfect mastication, impaired digestion, defective nutrition, and consequent inefficiency. Children should be taught the use of the tooth brush from their earliest years.

TABLE 5.—TEETH.

TABLE 5.—TEETH—(Continued).

Daisy Bank.		St. Mary's.		West Coseley.		Total.	
Boys							
Age.	Number Inspected	Percentage	No. with 4 or more Carious	No. with 4 or more Carious	Percentage	No. with 4 or more Carious	Percentage
3—4	20	10	50	4	20	9	33.33
4—5	23	9	39.13	7	30.43	13	33.33
5—6	3	1	33.33	1	33.33	6	46.15
6—7	2					1	100
7—8						2	
8—9							
9—10							
10—11							
11—12							
12—13	20	2	10	2	10	4	1
13—14	3	2	66.66	5	1	25	1
						20	1
						6	20
						2	33.33
						6	
						10	
						3	
						30	
						1	
						33	
						3	
						37	
						9	
						117	
						20	
						1	
						14	
						28	
						57	
						31	
						42	
						19	
						36	
						38	
						10	
						52	
						10	
						5	
						15	
						38	
						5	
						46	
						32	
						69	
						56	
						3	
						52	
						63	
						1.5	
						26	
						31	
						36	
						29	
						0.3	
						36	
						38	
						70	
						36	
						38	
						10	
						52	
						63	
						10	
						5	
						46	
						38	
						5	
						25	
						4	
						50	
						1	
						17	
						5	
						30	
						3	
						30	
						2	
						50	
						5	
						14	
						72	
						17	

Girls

TABLE 6.—NOSE AND THROAT.

MOUNT PLEASANT.

Boys

Aged	Number Inspected			Percentage			Number Inspected			Percentage		
	3—4	4—5	5—6	6—7	7—8	8—9	9—10	10—11	11—12	12—13	13—14	14—15
Chronic Pharyngitis	2	28.57										
Impaired Nose breathing	4	13	8	4	2	1	7.69					
Number Inspected	14	14	6	1			12.5					
Percentage	2	2	1				1					
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												
Impaired Nose breathing												
Number Inspected												
Percentage												
Cervical Gland Enlarged												
Submaxillary Glands Enlarged												
Percentage												
Chronic Pharyngitis												

TABLE 6.—NOSE AND THROAT—(Continued.)

TABLE 6.—NOSE AND THROAT—(Continued.)

ST. MARY'S.

TOTAL.

Boys

Age	Number Inspected	Nose.bre'thing Impeded	Percentage	Chronic Pharyngitis	Percentage	Tonsils Enlarged	Percentage	Cervical Glands Enlarged	Percentage	Submaxillary Glands Enlarged	Percentage	Number Inspected	Nose.bre'thing Impeded	Percentage	Chronic Pharyngitis	Percentage	Tonsils Enlarged	Percentage	Cervical Glands Enlarged	Percentage	Submaxillary Glands Enlarged	Percentage	Number Inspected	Nose.bre'thing Impeded	Percentage		
3—4	9	1	11.11									39	1	2.56									10	25.63			
4—5	13	1	7.69									70	3	4.28									7	10.0			
5—6	1											105	2	1.14									17	16.19			
6—7												19															
7—8												13															
8—9												8															
9—10												2															
10—11												1															
11—12												2	66.66														
12—13												1	16	66													
13—14												3	10	6													

Girls

Age	Number Inspected	Nose.bre'thing Impeded	Percentage	Chronic Pharyngitis	Percentage	Tonsils Enlarged	Percentage	Cervical Glands Enlarged	Percentage	Submaxillary Glands Enlarged	Percentage	Number Inspected	Nose.bre'thing Impeded	Percentage	Chronic Pharyngitis	Percentage	Tonsils Enlarged	Percentage	Cervical Glands Enlarged	Percentage	Submaxillary Glands Enlarged	Percentage	Number Inspected	Nose.bre'thing Impeded	Percentage		
3—4	2											7	2	28.57									46	5	10.86		
4—5	5	2	40									7	2	28.57									57	11	19.29		
5—6	1											6											93	2	2.15		
6—7												2											17	1	5.88		
7—8												2											10	1	10.0		
8—9												2											4	1	30.0		
9—10												1															
10—11												1															
11—12												1															
12—13												1															
13—14												1															

129 9 6.97 1 .77 24 2 18.6 2 7.14

129 9 6.97 1 .77 24 2 18.6 2 7.14

1 1 .77

TABLE 7.—EYE DISEASES. *The following are the figures:—*

TABLE 7.—EYE DISEASES—(Continued).

TABLE 7.—EYE DISEASES—(Continued.)

Boys		ST. MARY'S.		WEST COSELEY.		TOTALS	
Aged	Number Inspected	Minor	Non-infective	Aliments	Infective	Ophthalmic	All other
3-4	3	11	3	2	1	10	1
4-5	4	3	4	2	1	10	1
5-6	5	13	4	2	1	10	1
6-7	6	1	1	1	1	1	1
7-8	7						
8-9	8						
9-10	9						
10-11	10						
11-12	11						
12-13	12						
13-14	13						
Girls		3-4	3	2	2	2.8	2.8
		4-5	4	5	1	1.4	2.2
		5-6	5	1	1	5.2	2.8
		6-7	6	1	1	1.4	1.4
		7-8	7	1	1	50	5.2
		8-9	8	2	1	1	1
		9-10	9	1	1	1	1
		10-11	10	7	1	1.7	2.2
		11-12	11	7	1	1.7	1.7
		12-13	12	7	1	1.7	1.7
		13-14	13	7	1	1.7	1.7
		TOTALS		129		129	
		Percentage		1.06		1.06	
		Percentage		10		10	
		Percentage		1		1	
		Percentage		1.06		1.06	
		Percentage		1		1	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.7	
		Percentage		1.7		1.	

VISION.

Children under six years were not tested for vision. Many young children, the Inspecting Medical Officer reports, were impossible to test owing to their inability to read.

Others were tested by Snellen's Types. The Staffordshire County Council School Inspectors report that 27 per cent. of the children inspected in urban areas in 1908 had defective vision. The figures for Coseley, which show a very much lower percentage, are as follows:

All worse than $\frac{6}{9}$ are taken as defective.

TABLE 8.—VISION.

Aged		Mount Pleasant		Hurst Hill		Lanesfield		Broad Lanes		Christ Church		Daisy Bank		St. Mary's		Coseley		West		Total		
		Number Inspected	Percentage Defective Vision	Number Inspected																		
6-7	1	4	2	20	4	5	1	50	3	2	1	3	2	1	2	19	13	1	7.69	1	7.69	
7-8		4	2	1	4	2	1	1	4	1	1	2	1	1	2	8	2	1	50	1	50	
8-9		2	1	1	4	1	1	1	4	2	1	3	1	1	1	7	1	1	1	1	1	1
9-10		1	1	1	4	1	1	1	4	2	1	3	1	1	1	7	1	1	1	1	1	1
10-11		1	1	1	4	1	1	1	4	2	1	3	1	1	1	7	1	1	1	1	1	1
11-12		12	1	8.33	18	2	21	4	9.52	26	3	11.53	20	4	20	10	117	10	14.28	10	14.28	10
12-13		7	1	1	4	1	1	1	4	2	1	3	1	1	1	5	1	1	1	1	1	1
13-14		1	1	1	4	1	1	1	4	2	1	3	1	1	1	5	1	1	1	1	1	1
Girls																						
6-7	1	2	1	1	5	1	3	2	1	2	1	3	2	1	2	1	1	1	1	1	1	1
7-8		4	2	1	5	1	3	2	1	2	1	3	2	1	2	1	1	1	1	1	1	1
8-9		1	1	1	4	1	1	1	4	2	1	3	2	1	2	1	1	1	1	1	1	1
9-10		1	1	1	4	1	1	1	4	2	1	3	2	1	2	1	1	1	1	1	1	1
10-11		1	1	1	4	1	1	1	4	2	1	3	2	1	2	1	1	1	1	1	1	1
11-12		19	1	5.26	20	4	16	4	12.5	21	4	16.66	18	4	16.66	1	25	2	8.54	10	8.54	10
12-13		10	3	5.33	11	3	33.33	1	12.5	16	3	16.66	13	3	16.66	2	37	2	5.4	10	5.4	10
13-14		1	1	1	4	1	1	1	4	2	1	3	2	1	2	1	1	1	1	1	1	1

EAR DISEASES. The cases with purulent discharge are as follows:—

TABLE 9.—EAR DISEASES.

TABLE 10.—DEFECTIVE HEARING.

The following are the figures relating to Speech. The boys come out inferior to the girls.

TABLE 11.—SPEECH.

MOUNT PLEASANT		HURST HILL		LANESFIELD		BROAD LANES	
Boys							
Aged	Number Inspected	Stammering	Lispings	Per centage	Idioglossia	Number Inspected	Stammering
3-4	7	1	14.28	1	14.28	23	4.34
4-5	14	4	28.57	1	28.57	12	5.00
5-6	6	2	33.33	1	33.33	5	20.00
6-7	1	0	0.00	1	0.00	4	8.00
7-8	0	0	0.00	0	0.00	1	2.50
8-9	0	0	0.00	0	0.00	0	0.00
9-10	0	0	0.00	0	0.00	0	0.00
10-11	0	0	0.00	0	0.00	0	0.00
11-12	0	0	0.00	0	0.00	0	0.00
12-13	0	0	0.00	0	0.00	0	0.00
13-14	0	0	0.00	0	0.00	0	0.00
Girls							
3-4	12	2	16.67	1	8.33	20	4.00
4-5	10	1	10.00	1	10.00	11	3.00
5-6	8	0	0.00	0	0.00	22	3.00
6-7	1	0	0.00	0	0.00	2	1.00
7-8	0	0	0.00	0	0.00	1	0.00
8-9	0	0	0.00	0	0.00	0	0.00
9-10	0	0	0.00	0	0.00	0	0.00
10-11	0	0	0.00	0	0.00	0	0.00
11-12	0	0	0.00	0	0.00	0	0.00
12-13	0	0	0.00	0	0.00	0	0.00
13-14	0	0	0.00	0	0.00	0	0.00

TABLE 11.—SPEECH—(Continued.)

CHRIST CHURCH		DAISY BANK		ST. MARY'S	
Boys					
Age ^d	Number Inspected	Percentage Stammering	Number Inspected	Percentage Stammering	Number Inspected
3-4	5	1.20	20	1.5	9
4-5	6	1.6	23	1.4.34	13
5-6	16	3	25	1	1
6-7	4	3	25		
7-8	3				
8-9	4				
9-10					
10-11					
11-12					
12-13	26	1	20	3	4
13-14	8				5
Girls					
3-4	5				
4-5	12				
5-6	11				
6-7	3				
7-8	6				
8-9	2				
9-10					
10-11					
11-12					
12-13	24				
13-14	4				
			22	2	13
				5	2
				1	2

TABLE 11.—SPEECH (*Continued*).

WEST COSELEY		TOTAL			
Boys		Boys		Boys	
Age	Number Inspected	Percentage	Stammering	Percentage	Percentage
3-4	11	39	70	1	1.4
4-5	3	70	105	1	1.4
5-6	4	19	3	3	2.8
6-7	2	13	8		
7-8		2			
8-9		1			
9-10		7	117	1	2.7
10-11		7	37		
11-12	3				
12-13	10	16.66			
13-14	6				
Girls					
3-4	7	46	57	2	4.3
4-5	7	57	93	1	1.7
5-6	6	17	10	1	1.07
6-7	2	4			
7-8		1			
8-9					
9-10					
10-11					
11-12					
12-13	11		129	1	3.5
13-14	1		28		.7

MENTAL CONDITION.

Although the Board of Education have notified that testing mental capacity of children under six years of age should be omitted, and your School Medical Officer pointed this out last year, in many cases it is still done. The attention of the teachers will again be called to this point as it indicates a tendency to fill up the Schedule without due observance of the instructions. The following are the figures:—

TABLE 12.—MENTAL CONDITION.

MOUNT PLEASANT		HURST HILL		LANESFIELD		BROAD LANES	
Age	Number Inspected	Percentage	Mentally Defective	Number Inspected	Percentage	Mentally Defective	Number Inspected
3-4	7	100		4	100		12
4-5	14	100		12	92.30	1	5
5-6	6	5	16.66	8	87.5	1	12.5
6-7	1	100		4	100		4
7-8				2	100		2
8-9							
9-10							
10-11							
11-12							
12-13	12	100		18	88.88	2	11.11
13-14	7	100		2	100		2
Boys		Girls					
3-4	12	12	100	2	2	100	
4-5	10	10	100	11	11	100	
5-6	8	8	100	22	22	100	
6-7	1	1	100	2	2	100	
7-8				4	4	100	
8-9							
9-10							
10-11							
11-12							
12-13	19	19	100	18	90	2	10
13-14	10	8	80	3	75	1	25

TABLE 12.—MENTAL CONDITION (*Continued*).

CHRIST CHURCH		DAISY BANK		ST. MARY'S		WEST COSELEY		TOTAL																		
Boys	Aged	Number	Defective	Percentage	Dull and Backward	Brigght and Fair	Percentage	Number	Defective	Percentage	Dull and Backward	Brigght and Fair	Percentage	Number	Defective	Percentage	Dull and Backward	Brigght and Fair	Percentage	Number	Defective	Percentage	Dull and Backward	Brigght and Fair	Percentage	
3-4	5	5	100					39	39	100				39	39	100				39	39	100				
4-5	6	6	100					70	68	97.14	2	2.85		70	68	97.14	2	2.85		70	68	97.14	2	2.85		
5-6	16	16	100					105	102	97.14	3	2.85		105	102	97.14	3	2.85		105	102	97.14	3	2.85		
6-7	3	2	66.66	1	33.33			19	19	100				19	19	100				19	19	100				
7-8	4	4	100					13	9	69	4	30		13	9	69	4	30		13	9	69	4	30		
8-9	9	8	26	1	33.33			8	8	100				8	8	100				8	8	100				
9-10	10	10	100					2	2	100				2	2	100				2	2	100				
10-11	11	11	100					1	1	100				1	1	100				1	1	100				
11-12	12	12	100					117	113	96	4	3.5		117	113	96	4	3.5		117	113	96	4	3.5		
12-13	13	8	100					37	34	92	3	8		37	34	92	3	8		37	34	92	3	8		
13-14																										
Girls	Aged	Number	Defective	Percentage	Dull and Backward	Brigght and Fair	Percentage	Number	Defective	Percentage	Dull and Backward	Brigght and Fair	Percentage	Number	Defective	Percentage	Dull and Backward	Brigght and Fair	Percentage	Number	Defective	Percentage	Dull and Backward	Brigght and Fair	Percentage	
3-4	5	5	100					2	2	100				2	2	100				2	2	100				
4-5	12	12	100					5	5	100				5	5	100				5	5	100				
5-6	11	11	100					22	22	100				22	22	100				22	22	100				
6-7	3	3	100					2	2	100				2	2	100				2	2	100				
7-8	6	6	100					1	1	100				1	1	100				1	1	100				
8-9	2	2	100					50	50	100				50	50	100				50	50	100				
9-10	2	2	100					1	1	100				1	1	100				1	1	100				
10-11	6	6	100					50	50	100				50	50	100				50	50	100				
11-12	4	4	100					1	1	100				1	1	100				1	1	100				
12-13	3	3	100					1	1	100				1	1	100				1	1	100				
13-14	4	4	100					75	75	100				75	75	100				75	75	100				

HEART.

The following table gives the results as regards the discovery of Heart Disease. A fair number of cases of Anæmia were discovered, probably due in great measure to unsuitable or insufficient food, and over-crowded bedrooms.

TABLE 13.—HEART.

TABLE 13.—HEART—(Continued.)

TABLE 13.—HEART—(Continued).

Boys		ST. MARY'S.		WEST COSELEY.		TOTAL.	
Aged							
3-4	3	4	11	39	70	46	12
4-5	4	5	3	105	19	57	1
5-6	5	6	4	13	13	93	
6-7	6	7	2	8	2	17	
7-8	7	8	1	1	1	10	
8-9	8	9	1	1	1	4	
9-10	9	10	1	1	1	1	
10-11	10	11	1	1	1	29	
11-12	11	12	20	10	6	28	
12-13	12	13	3	117	7		
13-14	13	14	6	37	2		
Girls							
3-4	3	4	7	7	7		
4-5	4	5	2	6	6		
5-6	5	6	5	1	1		
6-7	6	7	1				
7-8	7	8					
8-9	8	9					
9-10	9	10					
10-11	10	11					
11-12	11	12					
12-13	12	13					
13-14	13	14					

DETECTION AND PREVENTION OF THE SPREAD OF INFECTIOUS DISEASES AND EXCLUSION OF SCHOLARS.

Some cases of Whooping Cough and one of Scarlet Fever were discovered and excluded from school.

No case of Ringworm was reported.

Three cases of Scabies were excluded.

PHTHISIS.

Three cases were presumed to have Phthisis, but in none of these was the evidence indisputable, and there was no family history of Tuberculosis.

It is impossible to say from the records how many of the cases of Enlarged Glands were Tuberculous, and no osseous or abdominal or skin Tuberculosis was reported.

PREVIOUS ILLNESSES.

Such information as can be obtained from the parents or children, or which is known to the teacher, is recorded.

HOME CIRCUMSTANCES.

With the Staff at our disposal, it has been impossible to carry on any investigation into home conditions beyond the general sanitary work of the district.

METHODS AVAILABLE FOR TREATMENT OF THE DEFECTS DISCOVERED.

Your Committee have proceeded on the assumption that the means of treatment available are extensive and as yet unexhausted, and in every case of defect requiring treatment the Inspecting Medical Officer has referred the parents to their Medical Attendant. There are also Hospitals, Eye Infirmarys, and the Poor Law system. If the parent is not present at the inspection, a printed notice calling attention to any defect is sent. Many cases of Eye Defects have been taken to an Infirmary, and Tonsil cases have been operated upon at the Hospitals, but there is not much evidence that the work of private medical practitioners has been increased as the result of inspections.

The chief difficulties as regards treatment are met with in cases of discharging ears, skin diseases, and bad teeth.

Further work will be required to ensure practical results in the shape of removal or prevention of defects discovered.

SANITARY CONDITION OF SCHOOLS.

A detailed report was made on this subject last year, and with the exception of certain work which has since been carried out, and which is detailed below, the matters previously brought to your notice still require your attention.

This is especially so as regards the cleanliness of the school floors and walls, the provision of proper mats and scrapers, and the improvement of the lighting both natural and artificial. Your Inspecting Medical Officer has on some occasions found it difficult to carry out the inspections owing to deficient light.

Special attention should also be given to the cloakrooms and lavatories. Better and larger cloakrooms are necessary as an essential part of the crusade against vermin. In planning any new schools this should be borne in mind. The work performed this year is as follows:—

BROAD LANES COUNCIL SCHOOL.—New flooring to corridors, new flooring to lavatories, water supply improved, drains cleansed, improvement to playground, painting and varnishing.

LANESFIELD COUNCIL SCHOOL.—Drains re-laid, repairs to floors and plastering, painting, colouring and cleansing.

ST. MARY'S VOLUNTARY SCHOOL (Boys' Department).—Inside walls and ceilings, colour washed.

DAISY BANK COUNCIL SCHOOL.—Repairs to roof, ceilings, floors and windows, colouring and painting inside, drains cleansed but not otherwise remedied.

4 schools have been disinfected by spraying.

W. M. CLENDINNEN,
School Medical Officer.

Coseley, February 14th, 1910.